

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

25728

STATE FILE NUMBER

Registration District No.

290

Primary Registration District No.

5985

Registrar's No.

83

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only): OR TOWN Fort Leonard Wood		c. CITY OR TOWN Anderson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U S Army Hospital		d. STREET ADDRESS 516 West 21st	
3. NAME OF DECEASED (Type or print) First ROBERT Middle LEE Last LAWSON		4. DATE OF DEATH Month July Day 2 Year 1957	
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 12, 1936
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	
11. BIRTHPLACE (City and state or country) Anderson, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Deceased		14. MOTHER'S MAIDEN NAME Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 314-34-5238	
17. INFORMANT Address		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ELECTROCUTION	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) E914.8	
DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 6		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Working with crane that hit high tension electrical wire		20c. TIME OF INJURY Hour 10:40 a. m. pm. Month Jul Day 2 Year 1957	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Floating Bridge Site	
20f. CITY, TOWN, OR LOCATION Fort Leonard Wood		COUNTY Pulaski STATE Missouri	
21. I attended the deceased from July 2, 1957 to July 2, 1957 and last saw him alive on July 2, 1957		Death occurred at 12:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE James B. White, Capt MC		22b. ADDRESS U S Army Hospital Fort Leonard Wood, Missouri	
22c. DATE SIGNED 7-3-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE July 4 57		23c. NAME OF CEMETERY OR CREMATORY Unknown	
23d. LOCATION (City, town, or county) Anderson Indiana		(State)	
24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC CROCKER		25. DATE RECD. BY LOCAL REG. MO 7-3-57	
26. REGISTRAR'S SIGNATURE Charles E. Anderson			

(Licensed Embalmer's Statement on Reverse Side)

U.S. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filed 7-3-52

File Number 83

RECEIVED
Pulaski County Health Officer
7-6-52

JUL 22 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision.

Student Signature of Student Embalmer

Signed *Clarence Moore*

7-1-52

Licensed Embalmer No. 48

P. O. Address *Waynesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.